2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 06, 2002 8:00 am Secretary of State P94000019538 DOCUMENT # 1. Entity Name ADVANCED COMMUNICATION SERVICES, INC. 03-06-2002 90018 013 ***150.00 Mailing Address Principal Place of Business 11801-2 28TH STREET NORTH 11801-2 28TH STREET NORTH ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. · Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0470650 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, DEBRA A Street Address (P.O. Box Number is Not Acceptable) 968 LAKE PLACIDO COURT N.E. ST. PETERSBURG FL 33703 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Change □ Delete TITLE TAYLOR, DEBRA A NAME NAME STREET ADDRESS STREET ADDRESS 11801 28TH ST N STE 2 CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE JITLE **VS** NAME BARDECKI, MICHAEL D NAME STREET ADDRESS 11801 28TH ST N STE 2 STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP ST PETERSBURG FL · Change — ☐ Addition - - Delete: - - 1 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment w

IGNING OFFICER OR DIRECTOR

FILED